

Postal: PO Box 1532
Castle Hill. NSW 1765
www.calleywoodassociates.com.au
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Suite 27, 15 Terminus Street
Castle Hill. NSW 2154
Phone: (02) 9659 1639
Fax: (02) 9423 6942

Self Managed Super Fund Setup Information Form.

Please answer the following questions and Fax , email or post as above, together with a copy of each Trustees' Driver's Licence or other form of identification (such as a passport):

1. Fund type: New SMSF
2. Do you wish to establish a NEW SMSF with Individual Trustees or a Corporate Trustee?
Individual Trustees Yes ___ No ___
Corporate Trustee Yes ___ No ___
(if yes) Name of Corporate Trustee:

Fund Details:

Proposed Superfund Name:

Superfund

Address: _____

Suburb: _____

State: _____ Postcode: _____

Preferred Contact Person: _____ Preferred Contact Number:

Contact Person's

Address: _____

Suburb: _____ State: _____ Postcode:
_____.

Trustee 1 Details:

Title: _____ First Name _____ Middle

Name _____

Surname _____ Tax File Number _____ Place of

Birth _____

Date of Birth (dd/mm/yyyy) _____

Occupation _____

Employer Name: _____.

Is the trustee a Resident of Australia? Yes ___ No ___

Is this trustee an undischarged bankrupt? Yes ___ No ___

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Has this trustee ever been convicted for dishonest conduct? Yes _____ No _____

Has the trustee ever received a civil penalty order? Yes _____ No _____

Has the trustee ever been a disqualified person by the Regulator? Yes _____ No _____

Trustee 2 Details:

Title: _____ First Name _____ Middle

Name _____

Surname _____ Tax File Number _____ Place of

Birth _____

Date of Birth (dd/mm/yyyy) _____

Occupation _____

Employer Name _____.

Is the trustee a Resident of Australia? Yes _____ No _____

Is this trustee an undischarged bankrupt? Yes _____ No _____

Has this trustee ever been convicted for dishonest conduct? Yes _____ No _____

Has the trustee ever received a civil penalty order? Yes _____ No _____

Has the trustee ever been a disqualified person by the Regulator? Yes _____ No _____

Trustee 3 Details:

Title: _____ First Name _____ Middle

Name _____

Surname _____ Tax File Number _____ Place of

Birth _____

Date of Birth (dd/mm/yyyy) _____

Occupation _____

Employer Name _____.

Is the trustee a Resident of Australia? Yes _____ No _____

Is this trustee an undischarged bankrupt? Yes _____ No _____

Has this trustee ever been convicted for dishonest conduct? Yes _____ No _____

Has the trustee ever received a civil penalty order? Yes _____ No _____

Has the trustee ever been a disqualified person by the Regulator? Yes _____ No _____